



STATE OF NEW HAMPSHIRE  
2017 Statement of Income and Expenses  
for LOBBYISTS  
(RSA Chapter 15)

RECEIVED

JAN 09 2018

PLEASE PRINT

NEW HAMPSHIRE  
DEPARTMENT OF STATE

I. Name of Lobbyist(s)

Gina M. Balkus

II. Name of lobbyist's partnership, firm or corporation, if any:

Granite State Home Health Association

(Name of partnership, firm or corporation)

Business Address: 8 Green St. Concord NH 03301  
(Street) (Town/City) (State) (Zip Code)  
(603) 225-5597 (603) 225-5817 e-mail g.balkus@homelink.net.org  
(Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Granite State Home Health Association

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 26, 2017

July 26, 2017

Reports cover: activity from date of registration to 3/31/17

activity from 4/1/17 to 6/30/17

October 25, 2017

January 31, 2018

activity from 7/1/17 to 9/30/17

activity from 10/1/17 to 12/31/17

V. There have been no fees received and no reportable transactions made since the last report.

If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A– Fees and Expenses  
 If you have paid an honorarium or reimbursed expenses, you must file Addendum B– Report of Honorariums or Expense Reimbursement  
 If you, your firm, or your family has made political contributions, you must file Addendum C– Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Gina M. Balkus  
(Print Name of lobbyist)

(Date)



## STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Gina M. Balkus

L

E II. Name of lobbyist's partnership, firm or corporation, if any:

A Granite State Home Health Association  
S  
E (Name of partnership, firm or corporation)

P III. Name of Client Granite State Home Health Assn Date 1/9/2018

R

I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Sovcy (Last Name) Donna (First Name)  (Middle Name/Initial)

Amount of contribution \$ 50.00 Office Candidate is Seeking State Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full name of candidate: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full name of candidate: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

(turn over to continue → )

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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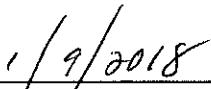
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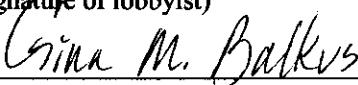
(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

  
(Date)

  
(Print Name of lobbyist)